



Focus On Pharmacy

Private Patient Counseling Is Key To Serving Patients In IHS Pharmacy Program

By Sandra Basu

WASHINGTON—Serving American Indians and Alaska Native beneficiaries as an Indian Health Service (IHS) pharmacist offers many opportunities, according to the IHS Principal Pharmacy Consultant, Rear. Adm. Robert Pittman, USPHS.

"We have many locations for pharmacists and are always eager to hire more pharmacists," Rear Adm. Pittman told U.S. MEDICINE last month in an interview. "Currently, the IHS Pharmacy Program has about 600 pharmacists, we have 237 locations and 48 of those are hospitals and the rest of those are ambulatory clinics."

Rear Adm. Pittman said that he, in fact, liked his early experience as an IHS pharmacist so much that he ended up staying with IHS after his scholarship obligation was over.

"I am actually a member of the Yankton Sioux tribe in Wagner, South Dakota, and I was a scholar in the Indian Health Service scholarship program about 22 years ago," he said. "I had a scholarship obligation for three years and intended to serve my three years and then return to the private sector, [but] I then found that my job was more enjoyable than my colleagues [who] I went to school with. I seemed to be happier in doing more of the things that we had been trained to do than they were and I ended up staying 22 years."

Annually, IHS has a need for between 60 and 75 pharmacists to replace retired pharmacists or to fill openings in new facilities or expanded facilities, according to Rear Adm. Pittman.

"Mostly, we hire, during the summer, new graduates and those with a few years of experience, although we are interested in applicants of all levels of experience," Rear Adm. Pittman said.

Through the IHS pharmacy program, pharmacists dispense pharmaceuticals to beneficiaries at IHS facilities. In FY 2007, according to Rear Adm. Pittman, IHS spent \$275 million on pharmaceuticals. IHS obtains federal pricing through its facilities, helping to keep pharmaceutical costs down.

"We get the federal discounts on our medications, so on average the medications cost about half of what they do on the private sector. We were able to provide a fairly high level of care and get the great brand name drugs at the federal discount," Rear Adm. Pittman said.

Counseling Patients

For the pharmacist, Rear Adm. Pittman said, serving in IHS differs from many other places in that IHS pharmacists are expected to counsel beneficiaries about their medications in a private setting to ensure that patients are taking the medications safely and correctly.

"Like our colleagues at the VA and DoD, we have the patient's medical record," Rear Adm. Pittman said. "Many of our facilities have the electronic medical record and others have the hard

copy of the electronic medical record. We expect our pharmacist to review the medical record for new prescriptions and for refills and to bring the patient into the counseling room to counsel the patient. We have private consultation rooms at all our facilities to counsel our patients and we expect the pharmacist to provide additional care for the patient, depending on what the patient is there for. If you come in for a refill today, we don't just refill the medication. We sit down and talk with them, and find out how they are doing, have they ever had their blood pressure checked [etc.]. If they need lab work, we send them to the lab, and if they are having a major problem, we send them back to the clinic to be reevaluated. In the private sector, you see very few places that will have private consultation rooms or counsel every patient on their medication."

Rear Adm. Pittman said that IHS's model for patient counseling has been used as a training model for pharmacy schools. "Pharmacist-Patient Counseling Program: An Interactive Approach to Verify Patient Understanding," was distributed by Pfizer Labs to all U.S. schools of pharmacy in 1991.

"IHS helped develop the model for patient consultation back in the 1960s and 1970s that was basically used as the training model for colleges of pharmacy to train in patient consultation," Rear Adm. Pittman said.

IHS was one of the first in the federal government and the first in the country to institute private consultation rooms for counseling beneficiaries in all of its facilities, according to Rear Adm. Pittman. Like other pharmacies, IHS pharmacists had provided medications through the window for many years. In 1963, pharmacists were providing counseling through a window at the [IHS] Whiteriver pharmacy in Whiteriver, Ariz. However, they found patients were not interested in being instructed about their medications. When the patients were asked about this, patients said that there was no privacy and that everyone could hear what they were being told. In 1965, pharmacists started using private offices for patient counseling and then by 1970 pharmacy-counseling rooms were added to new IHS hospitals and clinics that were being built, according to Rear Adm. Pittman.

Counseling the patient entails asking three major questions and then following up as needed, according to Rear Adm. Pittman. Pharmacists ask the beneficiary: What did the doctor tell you to take the medication for? How did the doctor tell you to take the medication?, and what did the doctor tell you to expect from the

medication?

"When we bring the patient to the counseling room, it may be a new medication that they are taking, or it may be a refill medication," Rear Adm. Pittman said. "Our goal as a pharmacist is to find out what information they know about the medication and what additional



IHS pharmacist Lt. Ron Gilbert dispenses from the pharmacy window in Bethel, Alaska in 1964.

information we might want to provide to them. For example, if you had a person who has been taking a blood pressure medication for a long period of time, we might bring them into the counseling room and open the bottle and show them the medication and ask them, 'what is this medication?' And they would say, 'this is my blood pressure medication.' Or, they would say, 'we don't know,'

and we would educate them if they don't. If they know, we would ask them, 'how do you take it?' and if they know the answer, that is great. If they don't, we would want to make sure that they understand how to take it and what to expect from the medication."

Rear Adm. Pittman said that having such patient counseling helps to ensure that patients are safely taking their medications and dealing with any complications that might be resulting from the medications. "We may open the bottle and show the patient the medication and they may say, 'I am not taking this medication.' And we will say, 'wait a minute, your medical record says that you are taking this blue pill for your diabetes.'" Rear Adm. Pittman said. "They may say, 'oh no, I don't take that one, I take the white pill prescribed by my other doctor.'" Or they will say, 'my doctor told me to take two, but I only take one because they make me not feel well.' So that will be a time for intervention for the pharmacist to find out what the problem is and then communicating that with the provider to clear up the problem. It may be the dose that the patient is taking is different than what the doctor thinks, but the dose is getting the results that the doctor wants and we just need to make sure that the chart reflects what the

patient is actually doing."

Recruiting

One of the challenges in the IHS pharmacy program, Rear Adm. Pittman said, is recruiting and retaining pharmacists in many of the rural IHS locations.

"Many of our locations are rural and so it is a challenge to get enough providers to serve in rural areas. So we have the same issues that you see in the private sector in rural America in that many health professionals would like to serve in urban areas," Rear Adm. Pittman said. "It is a big challenge for us to try to get individuals who enjoy rural America and who would like to serve in that kind of setting. We do a lot of recruitment from universities and other programs that train individuals in rural areas, or who want to go to rural areas. We also work

with our tribal partners to make sure that they are getting the types of health care programs that they want. So it is a collaborative government to government relationship between the IHS and the tribes being served by an individual facility to meet the needs of the tribes and the expectations of the patients."

Rear Adm. Pittman said that there are a variety of recruitment incentives that are offered for prospective pharmacists, such as education loan repayment and an accession bonus.

"As with all of the federal programs, we don't have salaries that are equivalent to the private sector, but we think our practice opportunities offset that and make it an opportunity for pharmacists to practice what they learn in pharmacy school," Rear Adm. Pittman said. "I think that is really what pharmacists are looking for, to be able to use their skills and knowledge."

Rear Adm. Pittman said that IHS also offers a one-year residency pharmacy program that has 15 slots and 13 residency locations throughout the United States. The program, he said, can be quite competitive with 10 or 11 applicants per residency slot.

Many American Indians and Alaska Natives also serve as pharmacists in the IHS system, Rear Adm. Pittman said.

"There are about 80 American Indian and Alaska Native pharmacists in IHS, and through our scholarship program for Alaska Native and American Indians we bring on average between 8 and 13 new American Indian and Alaska Native pharmacists annually," he said. "For our residency programs, we will generally have two to three American Indian applicants annually. A high percentage of our program is Native American or Alaska Native and many of them, obviously, want to go back and serve on their home reservation or with their people."

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